

CBM-RO

RELATED ORGANIZATIONS

INSTRUCTIONS

Note: *The data used for each related organization (RO) should be for the projected actual fiscal year for the RO.*

NOTE: *All related organizations must be in compliance with financial disclosure in order for the application to be deemed complete.*

Line 1 Name of related organization

Line 2 Provide the dollar amount of management fees **paid by** the hospital to each related organization.

NOTE: *Provide a detailed summary of the service(s) and the associated dollar amount(s) related to Line 2.*

Line 3 Provide the dollar amount of management fees **paid to** the hospital from each related organization.

Line 4 Provide the dollar amount of other funds **paid to** the hospital from each related organization.

Line 5 Provide the dollar amount of other funds **paid by** the hospital to each related organization.

NOTE: *Provide a detailed summary of the service(s) and the associated dollar amount(s) related to Line 5.*

Important!

If the detailed summaries required as part of numbers 2 and/or 5 are not provided the application may not be deemed completed.